

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 20050/0200470-US0	
Application No. 10/705,406-Conf. #4395	Filing Date November 10, 2003	Examiner J. F. Stephens	Art Unit 3761		
Applicant(s): Satoshi Mizutani et al.					
Invention: INTERLABIAL PAD					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	10	- 20 =		x	
<b>Independent Claims</b>	1	- 3 =		x	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Request for continued examination (RCE) (see 37 CFR 1.114)					810.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					810.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ <u>810.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Louis J. DeJuidice Attorney/Agent Reg. No.: 47,522				Dated: <u>January 31, 2008</u>	
DARBY & DARBY P.C. P.O. Box 770 Church Street Station New York, New York 10008-0770 (212) 527-7700					